Legal Consultation Application Form　　　　　【英語】

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Gender |  |
| Nationality |  | Status of Residence |  |
| Address | 〒 |
| Contact Information | TEL | Please write a phone number that can be contacted from Tuesday to Saturday 9:00 am to 5:15 pm |
|  |
| E-mail | 　　　　　　　　　　　　　＠ |
| The details of your inquiry\* Please write as much details as possible in order for us to provide appropriate advice on your issue.  |
| Regarding the handling of private information For the purpose of running the consultations smoothly, your private information will be used for contacting you as well as be provided to the lawyer. Your private information will only be used within these intended purposes. Please give a check if you agree with these terms.   |
| □I agree to the terms regarding the handling of private information. |

**※　Sending Address (Organizer):**

Fukushima International Association (☎ 024-524-1316　<https://www.worldvillage.org/life/>)

E-mail：ask@worldvillage.org

FAX ：024-521-8308

Mail Address： 〒960-8103 2-1 Funabacho, Fukushima